

PROVIDER LABEL

MEDICAL PROVIDER COMPONENT FOR REFERENCE YEAR 2007

CONTACT GUIDE FOR HOME CARE ORGANIZATIONS

IF ORGANIZATION IS A HOSPITAL: May I please speak to someone in the home care department? [READ INTRODUCTION ON PAGE 1 AND SKIP TO H1a]

IF ORGANIZATION IS NOT A HOSPITAL: May I please speak to the Business Manager or someone who is in charge of billing for the organization?

Has internal billing staff; ..... ☐ (Go to Introduction on Page 1)

Billing is performed by an outside billing service..... ☐ (Ask to speak with person who deals with external billing service and go to Introduction on Page 1)

Does not have billing staff and it is not clear who to speak with ..... ☐ (Record information below, terminate call, and consult with a Task Coordinator)

## INTRODUCTION

Hello, my name is (YOUR NAME) and I am calling on behalf of the U.S. Public Health Service. We are conducting MEPS which is a study about how people in the United States use and pay for health care. [NUMBER FROM PATIENT LIST] clients identified (ORGANIZATION) as a source of care during 2007. Each client signed an authorization form allowing us to contact you for information about the care they received in 2007. I just need to ask you a few brief questions about (the organization/the services you provide).

### IF PROVIDER IS A HOSPITAL, SKIP TO H1a.

H1. First, let me verify that this is a home care organization.

YES, HOME CARE ORGANIZATION OR HOSPITAL ..... 1 (BOX 1)  
NO, SOME OTHER KIND OF ORGANIZATION ..... 2 (H2)

H1a. Does your organization include a home care unit or department?

YES ..... 1 (BOX 1)  
NO ..... 2

H1b. Does your organization ever make arrangements for other organizations or individuals to provide some kind of assistance to people in their homes?

YES ..... 1 (H4)  
NO ..... 2 (H2)

H2. Does your organization provide any kind of assistance to people in their homes?

YES..... 1  
NO ..... 2 [THANK RESPONDENT  
AND TERMINATE CALL]

H2a. Are your services provided exclusively to persons who need in-home assistance for health reasons?

EXPLAIN, IF NECESSARY: Health reasons can include either physical or mental health conditions.

YES ..... 1 (BOX 1)  
NO ..... 2 (H2b)

H2b. What kind of services does your organization provide to people in their homes?

CLEANING OR YARD WORK.....	1	} (BOX 2)
TRANSPORTATION .....	2	
SHOPPING .....	3	
EMOTIONAL SUPPORT PERSON OR ONE-ON-ONE BUDDY ..	4	
SUPPORT GROUPS .....	5	
CHILD CARE .....	6	
Other. (RECORD VERBATIM) .....	7	
(TERMINATE CALL AND CONSULT WITH TASK COORDINATOR)		

**BOX 1**

H3. INTERVIEWER: IS THIS A RUBBER-BAND CASE?

YES..... 1  
NO ..... 2 (H4)

H3a. I need to verify that the following organizations were associated with this organization during 2007. [REVIEW EACH PROVIDER WITH THE CONTACT PERSON AND COMPLETE A RUBBER BAND FORM AS APPROPRIATE]

**BOX 2**

**FOR ORGANIZATIONS OR INDIVIDUALS THAT DO NOT EXCLUSIVELY PROVIDE SERVICES FOR HEALTH REASONS (SEE H2a):**

We need information about the services provided to the persons in our study and about the charges and payments for those services. Would you or someone in your office be able to provide this information?

YES, OFFICE CAN PROVIDE INFORMATION ..... 1 (NCH1)  
NO, NEED TO CONTACT BILLING SERVICE ..... 2 (H8)  
NO, THIS TYPE OF INFORMATION IS NOT AVAILABLE  
(RECORD VERBATIM) \_\_\_\_\_ TERMINATE AND  
CONSULT TASK  
COORDINATOR

H4. We are collecting information about the in-home services provided to the persons in our study and about the charges and payments for those services. Would you (or someone in your office) be able to provide this information?

YES ..... 1  
NO ..... 2 (H4a)

I would like to send the authorization forms to you, along with additional information explaining the study. Would you prefer the authorization forms be sent to you by fax? By mail?

[INTERVIEWER: READ IF THE RESPONDENT WOULD LIKE TO PROVIDE THE DATA PRIOR TO RECEIVING AUTHORIZATION FORM(S)]: In order to remain HIPAA compliant, I need to send you the authorization form(s) first. Once you have received the form(s), then we can collect the data.

DEPARTMENT HAS ACCESS TO THE INFORMATION:

FAX AUTHORIZATION FORM(S)..... 1 (H5)  
MAIL AUTHORIZATION FORM(S) ..... 2 (H6)

DEPARTMENT DOES NOT HAVE ACCESS TO THE INFORMATION:

THIS TYPE OF INFORMATION IS NOT AVAILABLE  
(RECORD VERBATIM:) \_\_\_\_\_ 3 (TERMINATE AND  
CONSULT TASK  
COORDINATOR)

H4a. Who would we contact to obtain this information?

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_

Thank you very much for your help. [END CONTACT AND FOLLOW-UP WITH THE CONTACT NAMED IN H4a.]

H5. What is the FAX number?

FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_

What name and title should I put on the FAX cover page?

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
ORGANIZATION: \_\_\_\_\_

GO TO H7

H6. What name and address should I put on the address label?:

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
ORGANIZATION NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ EXT: \_\_\_\_\_

H7. Once you have received the authorization form(s), we will collect the data. Would you prefer providing that data to us over the phone, or would you rather fax or mail the data to us?

Should we need to contact you by phone, what would be the best day and time to call?

DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ R's TIME: \_\_\_\_\_ AM/PM

INTERVIEWER: FACILITY WILL RESPOND:

BY FAX.....	1
BY MAIL .....	2
BY PHONE .....	3
NO PREFERENCE INDICATED .....	4

IS THE MAIL OR FAX BEING SENT TO:

PERSON ON TELEPHONE ..... 1      SOMEONE ELSE.....2

INTERVIEWER: IF THE MAIL OR FAX IS BEING SENT TO SOMEONE ELSE, RECORD THE TELEPHONE CONTACT'S NAME:

TELEPHONE CONTACT NAME: \_\_\_\_\_

Thank you very much for your help. [END CONTACT]

- H8. We will need to get in touch with the billing service to obtain some of the information we need. What is the name of the billing service, their telephone number, and the name of a contact person?

NAME OF BILLING SERVICE: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ EXT: \_\_\_\_\_

PERSON'S NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

- H9. I think we can probably get all the additional information we need from (BILLING SERVICE). We will send you a copy of the authorization form(s) for your files. Let me verify that I have your correct mailing address.

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

And what is your fax number?

FAX NUMBER:(\_\_\_\_\_) \_\_\_\_\_

Thank you very much for your help. [END CONTACT AND CALL BILLING SERVICE NAMED IN H8.]

## CONTACT GUIDE FOR BILLING SERVICE

H10. Hello, my name is (YOUR NAME) and I am calling on behalf of the U.S. Public Health Service. We are conducting MEPS which is a study about how people in the United States use and pay for health care. [NUMBER FROM PATIENT LIST] clients identified (HOME CARE ORGANIZATION) as a source of care during 2007. Each client signed an authorization form allowing us to contact you for information about the care they received in 2007. We are collecting information on the charges and payments for in-home services provided to the persons in our study. Would you or someone in your office be able to provide this type of information?

YES ..... 1  
NO ..... 2 (H10a)

I would like to send the authorization forms to you, along with additional information explaining the study. Would you prefer the authorization forms be sent to you by fax? By mail?

[INTERVIEWER: READ IF THE RESPONDENT WOULD LIKE TO PROVIDE THE DATA PRIOR TO RECEIVING AUTHORIZATION FORM(S)]: In order to remain HIPAA compliant, I need to send you the authorization form(s) first. Once you have received the form(s), then we can collect the data.

DEPARTMENT HAS ACCESS TO THE INFORMATION:

FAX AUTHORIZATION FORM(S)..... 1 (H11)  
MAIL AUTHORIZATION FORM(S) ..... 2 (H12)

DEPARTMENT DOES NOT HAVE ACCESS TO THE INFORMATION:

THIS TYPE OF INFORMATION IS NOT AVAILABLE  
(RECORD VERBATIM:) ..... 3 (TERMINATE CALL AND  
CONSULT TASK COORDINATOR)

H10a. Who would we contact to obtain this information?

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_

Thank you very much for your help. [END CONTACT. FOLLOW-UP WITH THE CONTACT NAMED IN H10a.]

H11. What is the FAX number?

FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_

What name and title should I put on the FAX cover page?

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
FACILITY: \_\_\_\_\_

GO TO H13

H12. What name and address should I put on the address label?:

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
FACILITY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ EXT: \_\_\_\_\_

H13. Once you have received the authorization form(s), we will collect the data. Would you prefer providing that data to us over the phone, or would you rather fax or mail the data to us?

Should we need to contact you by phone, what would be the best day and time to call?

DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ R's TIME: \_\_\_\_\_ AM/PM

INTERVIEWER: FACILITY WILL RESPOND:

BY FAX..... 1  
BY MAIL ..... 2  
BY PHONE ..... 3  
NO PREFERENCE INDICATED ..... 4

IS THE MAIL OR FAX BEING SENT TO:

PERSON ON TELEPHONE ..... 1      SOMEONE ELSE.....2

INTERVIEWER: IF THE MAIL OR FAX IS BEING SENT TO SOMEONE ELSE, RECORD THE TELEPHONE CONTACT'S NAME:

TELEPHONE CONTACT NAME: \_\_\_\_\_

Thank you very much for your help. [END CONTACT]

**FOR ORGANIZATIONS PROVIDING NON-HEALTH-CARE HOME CARE SERVICES:**

NHC1. We are collecting information on the charges and payments for the in-home services provided to the persons in our study. Would you or someone in your office be able to provide this type of information?

YES ..... 1  
NO ..... 2 (NHC1a)

I would like to send the authorization forms to you, along with additional information explaining the study. Would you prefer the authorization forms be sent to you by fax? By mail?

[INTERVIEWER: READ IF THE RESPONDENT WOULD LIKE TO PROVIDE THE DATA PRIOR TO RECEIVING AUTHORIZATION FORM(S)]: In order to remain HIPAA compliant, I need to send you the authorization form(s) first. Once you have received the form(s), then we can collect the data.

DEPARTMENT HAS ACCESS TO THE INFORMATION:

FAX AUTHORIZATION FORM(S)..... 1 (NHC2)  
MAIL AUTHORIZATION FORM(S) ..... 2 (NHC3)

DEPARTMENT DOES NOT HAVE ACCESS TO THE INFORMATION:

THIS TYPE OF INFORMATION IS NOT AVAILABLE  
(RECORD VERBATIM:) \_\_\_\_\_ 3 (TERMINATE AND  
CONSULT TASK  
COORDINATOR)

NHC1a. Who would we contact to obtain this information?

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_

Thank you very much for your help. [END CONTACT AND FOLLOW-UP WITH THE CONTACT NAMED IN NHC1a.]

NHC2. What is the FAX number?

FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_

What name and title should I put on the FAX cover page?

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
FACILITY: \_\_\_\_\_

GO TO NHC4



NHC3. What name and address should I put on the address label?:

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
FACILITY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: (\_\_\_\_) \_\_\_\_\_ EXT: \_\_\_\_\_

NHC4. Once you have received the authorization form(s), we will collect the data. Would you prefer providing that data to us over the phone, or would you rather fax or mail the data to us?

Should we need to contact you by phone, what would be the best day and time to call?

DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ R's TIME: \_\_\_\_\_ AM/PM

INTERVIEWER: FACILITY WILL RESPOND:

BY FAX.....	1
BY MAIL .....	2
BY PHONE .....	3
NO PREFERENCE INDICATED .....	4

IS THE MAIL OR FAX BEING SENT TO:

PERSON ON TELEPHONE ..... 1      SOMEONE ELSE.....2

INTERVIEWER: IF THE MAIL OR FAX IS BEING SENT TO SOMEONE ELSE, RECORD THE TELEPHONE CONTACT'S NAME:

TELEPHONE CONTACT NAME: \_\_\_\_\_

Thank you very much for your help. [END CONTACT]

## FOLLOW-UP INTRODUCTION

HF1. May I please speak to (RESPONDENT)?

Hello, my name is (YOUR NAME) and I am calling about MEPS, which is a study that we are conducting for the U.S. Public Health Service. Did you receive the authorization form(s) we (FAXed/sent)?

YES ..... 1 (HF6)  
YES, DATA SENT/FAXED TO WESTAT..... 2 (A18a)  
NO ..... 3 (HF2)

HF1a. Approximately, when was the information sent?

MONTH:\_\_\_\_\_ DAY:\_\_\_\_\_ YEAR: \_\_\_\_\_

Thank you very much for your help. [END CONTACT AND RECORD FAX/MAIL DATE.]

HF2. Let me (FAX/send) the authorization form(s) to you.

HAS FAX MACHINE..... 1 (HF3)  
DOES NOT HAVE FAX MACHINE OR PREFERS MAIL..... 2 (HF4)

[INTERVIEWER: READ IF THE RESPONDENT WOULD LIKE TO PROVIDE THE DATA PRIOR TO RECEIVING AUTHORIZATION FORM(S)]: In order to remain HIPAA compliant, I need to send you the authorization form(s) first. Once you have received the form(s), then we can collect the data.

HF3. I would like to verify the FAX number and name that I should put on the FAX cover page. I have (IF HOME CARE ORGANIZATION, THEN GIVE NAME AND FAX NUMBER FROM H5. IF BILLING SERVICE, THEN GIVE NAME AND FAX NUMBER FROM H11.). Is that correct?

FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_  
NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
PROVIDER: \_\_\_\_\_

Once you have received the authorization form(s), we will collect the data. For each date of service in 2007, we are collecting information on the charges and payments for the in-home services provided to the persons in our study. Would you prefer providing that data to us over the phone, or would you rather fax or mail in the data to us?

DAY:\_\_\_\_\_ DATE:\_\_\_\_\_ R's TIME:\_\_\_\_\_ AM/PM

Thank you very much for your help. [END CONTACT AND RECORD FAX DATE AND APPOINTMENT ON CALL RECORD.]

HF4. I would like to verify the name and address that should go on the address label. I have (IF HOME CARE ORGANIZATION, THEN GIVE NAME AND ADDRESS FROM H6. IF BILLING SERVICE, THEN GIVE NAME AND ADDRESS FROM H12). Is that correct? [MAKE CORRECTIONS AS NECESSARY]

NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 DEPARTMENT: \_\_\_\_\_  
 PROVIDER NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ EXT: \_\_\_\_\_

HF5. Should we need to contact you by phone, what would be the best day and time to call you back?

DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ R's TIME: \_\_\_\_\_ AM/PM

INTERVIEWER: FACILITY WILL RESPOND:

BY FAX..... 1  
 BY MAIL ..... 2  
 BY PHONE ..... 3  
 NO PREFERENCE INDICATED ..... 4

IS THE MAIL OR FAX BEING SENT TO:

PERSON ON TELEPHONE ..... 1 NAME: \_\_\_\_\_

SOMEONE ELSE..... 2

Thank you very much for your help. [END CONTACT AND RECORD MAIL DATE AND APPOINTMENT ON CALL RECORD.]

HF6. If it is convenient for you, we can just go ahead and complete the data forms together over the phone right now. I'd be happy to hold on while you get the information you need from your records.

WILL COMPLETE BY PHONE NOW ..... 1 (HF7)  
 WILL COMPLETE BY PHONE IN THE FUTURE ..... 2 (HF8)  
 PREFERS FAXING OR MAILING RECORDS..... 3 (HF9)

HF7. COMPLETE EVENT FORMS NOW. WHEN ALL FORMS HAVE BEEN COMPLETED, SAY:  
 Thank you very much for your time and your help with this study. [END CONTACT]

HF8. What would be the best day and time to call you back?

DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ R's TIME: \_\_\_\_\_ AM/PM

Thank you very much for your help. [END CONTACT AND RECORD APPOINTMENT ON CALL RECORD.]

HF9. We hope you can send the records to our office within 2 weeks. Let me verify that you have our correct contact information.

IF MAILING INFORMATION: Anne Denbow  
WESTAT  
9274 Gaither Road, GA 48F  
Gaithersburg, MD 20877-1420

IF FAXING INFORMATION: YOUR NAME AND EXTENSION IF APPLICABLE  
FAX NUMBER: 1-800-792-3670  
PHONE NUMBER: 1-800-792-3656

Thank you very much for your time and your help with this study. [END CONTACT.]